MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER: =62-006337

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 46

FILED FEB 19 1962

AMENDED

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Windsor
Length of stay in 1b: 40 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 707 S. Tebo St
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo   b. COUNTY: Henry
c. CITY OR TOWN: Windsor   Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 707 S. Tebo
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First: Harvey Middle: C. Last: Loding

4. DATE OF DEATH Month 2 – Day 10 – Year 1962

5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-22-1888
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months / Days   IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe repair + Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Moline, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Loding
13b. MOTHER'S MAIDEN NAME: Louella Smith
14. NAME OF HUSBAND OR WIFE: May Englehart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
17. INFORMANT: Mrs Waldo Craig - Windsor, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Circulatory Collapse	Instant
DUE TO (b)	Cerebral Vascular Accident	3 weeks
DUE TO (c)	Arteriosclerosis, Generalized	Indefinite

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART II. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour / a.m. p.m. / Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION   COUNTY   STATE

21. I attended the deceased from 1956 to Feb. 1962 and last saw him alive on 2-10-62
Death occurred at 2:40 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: William J Smith M.D. (Degree or title)
22b. ADDRESS: 103 W. Colt Windsor, Mo.
22c. DATE SIGNED: 2-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-12-'62
23c. NAME OF CEMETERY OR CREMATORY: Laurel Oak
23d. LOCATION (City, town, or county): Windsor, Mo. – (State)

24. FUNERAL DIRECTOR   ADDRESS: Ellis M. Huston - Windsor Mo.
25. DATE RECD. BY LOCAL REG.: Feb. 17- 1962
26. REGISTRAR'S SIGNATURE: Mildred Bigum MB

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ / INSTEAD OF
ITEM NO. / BY AFFIDAVIT OF
DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed_____ *Elli M. Hurston* _____
               Signature of Student Embalmer

                                               Licensed Embalmer No. *3391*

                                               P. O. Address *Winter, M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
     If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
     If this body is not embalmed, fact should be so stated above.